

ISSUE SLIP STAPLE AREA (for additional form references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
CLIP CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

_____ Rejected
 _____ Allowed
 _____ (Through summary) Canceled
 _____ Reinstated
 B _____ Non-elected
 I _____ Information
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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